



**TRANSPORT WORKERS UNION OF AUSTRALIA
VICTORIAN/TASMANIAN BRANCH**

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Tasmania and Victorian Country
Telephone: 1300 727 614

TWU – VIC/TAS

Jan 2009

**OHS GUIDANCE NOTE - No. 9
“ACCIDENT / INCIDENT REGISTER”**

Sample:

Accidents & Incidents Register

Date of Entry

DETAILS (incident, accident, injuries): _____

Details of injured person

Surname First name

Address

Date of Birth Sex Marital Status

Completed By

Signature of the injured person or person reporting accident/incident:

DETAILS OF ACCIDENT/INCIDENT

Date Time am/pm

Date Reported Time am/pm DWG

Incident Reported to	
Incident Location	
Activity Engaged in at time of Accident/ Incident	
Details of injury	
Cause of Accident/ Incident	
Witness(es) Names	
First Aid Attendant (If applicable)	
First Aid Treatment (If applicable)	
Name and Address Of Doctor (If applicable)	

The TWU Vic/Tas Branch (OH&S section) formulated this code. It is offered as a broad guide to assist with members. Further information regarding "Medical Surveillance Records and Employees Obligations" in the workplace is available for Members who can contact the *TWU Health and Safety Section* or the TWU Member Assist Officer for a copy the Union's Policy.

Contact us on -

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